

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 9/446,507
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		2				
7		2				
8		2				
9	1					
10		1				
11	1					
12		1				
13	1					
14	1					
15		1				
16		1				
17		3				
18	1					
19		1				
20		2				
21		2				
22		2				
23		2				
24	1					
25	1					
26		1				
27		2				
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50						
TOTAL IND.	9					
TOTAL DEP.	36					
TOTAL CLAIMS	45					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						